



A Public Service Agency

REPORT OF INCORRECT DRIVER LICENSE RECORD Traffic Collisions

207A

INSTRUCTIONS FOR COMPLETING THIS FORM

This form may be used to report information regarding a traffic collision on your driver license record that you believe may be incorrect.

To correct this information, you must contact the law enforcement agency who prepared the original traffic collision report. An amended/supplemental traffic collision report and a copy of the **original** traffic collision report must be submitted with this form to the Department of Motor Vehicles to correct your driver license record. Mail this form and the required reports and any other accompanying information to:

Department of Motor Vehicles
Mandatory Actions Unit
P.O. Box 942890 M/S J233
Sacramento, CA 94290-0001
(916) 657-6525

NAME		DRIVER LICENSE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)			

DAYTIME TELEPHONE NUMBER ()	DATE OF BIRTH Mo. Day Year	VEHICLE LICENSE NUMBER
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ACCIDENT INFORMATION

☐ I was not involved in, or I do not have any knowledge of a traffic collision in or near:

_____ occurring on: _____
CITY DATE

☐ I was not at fault in a traffic collision in or near:

_____ occurring on: _____
CITY DATE

Penal Code Section 115(a) states every person who knowingly procures or offers any false or forged instrument to be filed, registered, or recorded in any public office within this state, which instrument, if genuine, might be filed or registered, or recorded under any law of this state or of the United States, is guilty of a felony.

I certify under penalty of perjury under the laws of the State of California that the above information is true and correct. I also certify that I read and understood all instructions and warnings on this form including the provisions of Penal Code Section 115(a):

Signature X _____ Date _____

FOR LAW ENFORCEMENT AND DMV USE ONLY

- ☐ Driver Record Corrected _____
DATE
- ☐ Letter Written to Driver _____
DATE
- ☐ Correction forwarded to SWITRS _____
DATE
- ☐ Additional Information: